

03560.002293.

PATENT APPLICATION 1-8-04

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

in re Application of:	)
KENJI AIYAMA	Examiner: Ashanti Ghee
Appln. No.: 09/203,513	Group Art Unit: 2626  RECEIVED
Filed: December 1, 1998	DEC 0 8 2003
For: IMAGE RECORDING APPARATUS AND SYSTEM, IMAGE FORMATION APPARATUS AND RECORDING MEDIUM THEREFOR	Technology Center 2600  December 1, 2003
WEDIOW THEREFOR	December 1, 2003

## Mail Stop Non-Fee Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## **AMENDMENT**

Sir:

In response to the Office Action mailed August 29, 2003, please amend the above-identified application as follows. Amendments to the claims are reflected in the listing beginning on page 2, and the Remarks begin on page 10.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

December 1, 2003 (Date of Deposit)

LEONARD P. DIANA (Reg. No. 29,296)
(Name of Attorney for Applicant)

Signature

December 1, 2003

Date of Signature



In re Application of:

Docket No. 03560.002293.

KENJI AIYAMA

Appln. No.: 09/203,513

Filed: December 1, 1998

For: IMAGE RECORDING APPARATUS AND

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Examiner: Ashanti Ghee

RECEIVED

**Technology Center 2600** 

DEC 0 8 2003

Mail Stop Non-Fee Amendment COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

			CLAIMS AS AM	ENDED		·
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL	*	MINUS	**	=	x \$9	
CLAIMS	18		32	0	\$18	\$0.00
INDEP.	*	MINUS	***	=	x \$42	
CLAIMS	6		14	0	\$84	\$0.00
Fee for Multiple Dependent claims \$140°/\$280			\$0.00			
			TOTAL ADDIT			\$0.00

<sup>\*</sup> If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.



<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

	°Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the Extension fee for response with amonth extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.
	Frankt. Jame

Attorney for Applicant Leonard P. Diana Reg. No. 29,296

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza
New York, New York 10132-3801

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